
	Self-declaration for agricultural producer	
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.....
(place, date)

I. Data for the identification of the agricultural producer:

Name:

Identification number ¹⁾:

Zip Code:

City:

Country:

Address (street No.):

Maximum estimated capacity per year:

Maximum estimated sustainable capacity per year:

¹⁾ given according to regulations on national registration system of producers, records of farms and records of applications for the award of payment (consists of 9 numbers) or ID number or other relevant number

II. Identification of the biomass recipient

Name of the company:

Zip code, city:

Address (street, number, province):



III. Information on delivery:

Year of harvest:

Weight or volume of delivery:

Type of raw material:

Date and number of contract (if applicable):

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IV. Declaration

I hereby state that:

raw materials have been harvested from land that before 1 st January 2008 had arable land status, but has not been harvested from any protected area whose status has been changed to arable land after 1 st January 2008	<input checked="" type="checkbox"/>
raw materials have been harvested from land that had farmland status before 1 st January 2008	<input type="checkbox"/>
raw materials have not been harvested from protected areas for which land use permission was granted	<input type="checkbox"/>
raw materials have not been harvested from land excluded according to KZR INiG requirements	<input checked="" type="checkbox"/>
raw materials have been harvested in approved NUTS 2 area and GHG emission value is: gCO _{2eq} /kg of dry biomass	<input type="checkbox"/>
default GHG emission value for cultivation stage	<input type="checkbox"/>
actual GHG emission value for cultivation stage amount to gCO _{2eq} /kg of dry biomass	<input type="checkbox"/>
raw material is agricultural, aquaculture, fisheries and forestry residue and meets KZR INiG requirements	Yes/No/N.A
I am a beneficiary of the direct support scheme according to Regulation Council 73/2009 („cross-compliance”)	Yes/No

I hereby declare that the above information is accurate, and agree to prepare any evidence confirming compliance with the statements in this declaration, I also agree to its verification by an auditor of the certifying body appointed by the recipient.

.....
Date, signature

We would like to inform you, that your personal data administrator is

.....
entity name with address

The collected data will be processed in the necessary scope to realize the service and implement the certification process. Data submission is voluntary, but without providing them, the service will not be available and the certification of the product will be impossible. Personal data may be shared with entities involved in the certification process as well as government bodies. You have the right to access and correct your personal data.